		STANDARD CERTIF	ICATE OF DEATH		TUIUO
FILED DEC 9		127		4	FILE NUMBER
	Registration Distr	ict No	mary Registration District		. Registrar's No. 6
1. PLACE OF DEA a. COUNTY	Henry Count	y, Mo.	II - CTATE	(Where deceased lived. If our i b. COUN	institution: Residence T ^Y Johnson
OR 1/1.	ide corporate limits, give TC $ndsor$.	WNSHIP only) Inside Limits	c. CITY	,Chilhowee, M	Inside
c. FULL NAME	OF (If NOT in hospital, give	location) Length of stay in 1b	<u> </u>	· · · · · · · · · · · · · · · · · · ·	- C-/ 3 -
	105Taylor St.	3 months.		(If outside, give • NoI, Chilhow	location) Reside
I NAME OF DECEASED	First	Middle	Last	OF	onth Day Y
(Type or print) ·	GROVER GROVER	CLIFTON CECIL		DEATHNovem	ber 24th. I
5. SEX	1 . 1	MARRIED NEVER MARRIED		9. AGE (In years last birthday)	F UNDER 1 YEAR IF UNDER
<u>Male</u>		VIDOWED - DIVORCED -			2. CITIZEN OF WHAT COUN
during most of we	ON (Give kind of work done 100) orking life, even if retired)	KIND OF BUSINESS OR INDUSTRY		• •	
Farmer 3. FATHER'S NAME		General Farming	Johnson Coll 14. MOTHER'S MAIDEN NAM	<u>ntu, Missourk</u>	U.S.A.
	oi I			E.	
William Ced	CIL ER IN U. S. ARMED FORCES?	IS COULT FEMALES	Betty Coates,	Addres	<u>. </u>
(Yes, no, or unknown)	(If yes, give war or dates of service)				
no	NO	499-40-2869A	Mrs. Rolland	nichs, winaso	INTERVAL BE
. Condition•	ITH WAS CAUSED BY:	Moute Co	the les	Tellow Hen	n onetano
Conditions, which gave above caus stating the lying caus	if any.	reite Ca ar Nil A	Thypester	swe Hear	1 3-7
which gave above caus stating the lying caus	if any. rise to section. class controls cla	Forelestic (arotil As RIBUTING TO DEATH BUT NOT RELATED	Hyperter Hyperter Home The TO THE TERMINAL DISEASE CON	onbosia DITION GIVEN IN PART I(a)	15, 3-
which gave above caus stating the lying caus	if any. rise to section. class controls cla	Acute Coseleptic (arotil As RIBUTING TO DEATH BUT NOT RELATED	Hyperter Hyperter Hoper Has TO THE TERMINAL DISEASE CON	onbosis 1200 1100 GIVEN IN PART I(a) 420	3- 19. WAS AUTO PERFORME
which gave above cause stating the lying cause	if any. rise to section of the control of the contr	Toute Consider the Consideration of the Consideration of the Constant of the C	<u> </u>		19. WAS AUTO PERFORMI YES □, NO
which gave above cause stating the lying cause	if any. rise to section of the control of the contr		<u> </u>	4200	19. WAS AUTO PERFORMI YES □, NO
which gave above caus stating the lying caus. PART II. OTH 20a. ACCIDENT 20c. TIME OF How INDURY a.	if any. rise to sec (a). Winder to last. SUICIDE HOMICIDE 206 Dur Month, Day, Year m.		<u> </u>	4200	1 143 (1110)
which gave above caus stating the lying caus. PART II. OTH 20a. ACCIDENT WHEN TIME OF HOUSE INJURY a.	if any. rise to see (a). Control of the control of	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury	H200 in Part I or Part II of iter	19. WAS AUTO PERFORME YES NO.
which gave above cause stating the lying cause. PART II. OTH 20a. ACCIDENT 20a. ACCIDENT Consumer of the c	IMMEDIATE CAUSE A) if any. Fig (a) Fig (b) Fi	. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury	H200 in Part I or Part II of iter	19. WAS AUTO PERFORMI YES □, NO
which gave above cause stating the lying cause. PART II. OTH 20a. ACCIDENT DE 20c. TIME OF How injury a. p. 20d. Injury occur WHILE AT NA WORK	IMMEDIATE CAUSE A) if any. Fig (b), Fig (c), Implementation of the control of th	NJURY (e. g., in or about home, ory, street, office bldg., etc.)	ED. (Enter nature of injury 20f. CITY. TOWN, OR LOCA	H20¢ in Part I or Part II of iten	19. WAS AUTO PERFORME YES NO.
which gave above cause stating the lying cause. PART II. OTH 20a. ACCIDENT 20b. TIME OF Home injury a. PART III. ACCIDENT 21. I attended to the state of the	IMMEDIATE CAUSE A) if any. Fise to see (a) under e last. SUICIDE HOMICIDE 206 DUIT Month, Day, Year m. m. RRED OT WHILE Garm, factory TWORK The deceased from 5	INJURY (e. g., in or about home, ory, street, office bldg., etc.)	ED. (Enter nature of injury 20f. CITY. TOWN. OR LOCA 24-57	in Part I ar Part II of then ATION COI	19. WAS AUTO PERFORMI YES NO.
which gave above cause stating the lying cause. PART II. OTH 20a. ACCIDENT 20b. TIME OF Home injury a. PART III. ACCIDENT 21. I attended to the state of the	if any. rise to se (a). under color while Got While Got Work RRED GOT WHILE GOT GATM, fact the deceased from 10:45A.M.	INJURY (e. g., in or about home, ory, street, office bldg., etc.) I 6 - 5 to II m on the date	ED. (Enter nature of injury 20f. CITY. TOWN, OR LOCA	in Part I ar Part II of then ATION COI	19. WAS AUTO PERFORMI THE STATE OF THE STATE OF THE STATE OF THE CAUSE THE
which gave above cause stating the lying cause. PART II. OTH 20a. ACCIDENT DE 20c. TIME OF House and power and po	if any. rise to se (a). under color while Got While Got Work RRED GOT WHILE GOT GATM, fact the deceased from 10:45A.M.	INJURY (e. g., in or about home, tory, street, office bldg., etc.) I 6 - 5 to II m on the date gree or title)	ED. (Enter nature of injury 20f. CITY. TOWN. OR LOCA 20f. CITY. TOWN. OR LOCA 224-57 1 stated above; and to the City of th	In Part I or Part II of the Part I or Part II of the Part II of the Part II of the Part II of the Part I or Part I o	19. WAS AUTO PERFORMING YES NO. M. 18.) UNITY On II-24-57 ge, from the causes 22c, DATE
which gave above cause stating the lying cause PART II. OTH 20a. ACCIDENT 20a. ACCIDENT 20a. ACCIDENT 20b. TIME OF His injury a. p. 20d. INJURY OCCUP WHILE AT A 21. I attended to Death opeur 22a august ure	IMMEDIATE CAUSE A) if any. rise to see (a). vie (b). vie (c). if any. rise to see (a). If any. rise to see (a). SUICIDE HOMICIDE 206 Our Month, Day, Year m. RRED Garm, factory Work The deceased from 5- road at 10:45A.M.	INJURY (e. g., in or about home, ory, street, office bldg., etc.) m on the date gree or title; M. D	20f. CITY. TOWN. OR LOCAL 20f. CITY. TOWN. OR LOCAL 24-57 1 stated above; and to the Cartest above; and to the Cartest above; Mindsor, Mi	H200 in Part I or Part II of iter ATION COI and last saw him alive the best of my knowledge SSouri	IS 3- IS WAS AUTO PERFORM YESNO INTY On II-24-57 Se, from the causes 22c, DATE II-25
which gave above cause stating the lying cause. PART II. OTH 20a. ACCIDENT 20a. ACCIDENT 20d. INJURY o. P. 20d. INJURY o. P. 21. I attended t Doath spour 22a Japature 23a. Bural, CREMATION. REMOVAL (Specify)	IMMEDIATE CAUSE A) if any. Fise (b). Fise (b)	INJURY (e. g., in or about home, ory, street, office bldg., etc.) IG-5 to II m on the date gree or title M.D 23c. NAME OF CEMETERY OR C	20f. CITY. TOWN. OR LOCAL 20f. CITY. TOWN. OR LOCAL 226. ADDRESS* Windsor, Mi REMATORY 23d.	In Part I or Part II of iter ATION COI and last saw him alive the best of my knowled a SSOUP! LOCATION (City, town. or co	II -25 Sounty State State State
which gave above cause stating the lying cause PART II. OTH 20a. ACCIDENT 20a. ACCIDENT 20a. ACCIDENT 20d. INJURY OCCUP WHILE AT NORK 21. I attended t Doath pour 22a agrafues 3a. Bural, Cremation.	IMMEDIATE CAUSE A) If any. Fise (b). Fise (c). Fise (c)	INJURY (e. g., in or about home, tory, street, office bldg., etc.) IG-5 to II m on the date gree or title) 23c. NAME OF CEMETERY OR C. Mineral Creek	20f. CITY. TOWN. OR LOCAL 20f. CITY. TOWN. OR LOCAL 226. ADDRESS Windsor, Mi REMATORY 23d. Ceme tery. Le	In Part I or Part II of iter And last saw him alive the best of my knowleds SSOURI LOCATION (City, town. or ce eton, Missour	19. WAS AUTO PERFORM YES □, NO m 18.) UNTY on II 24 57 ge, from the cause 11 -25 county) (State
which gave above cause stating the lying cause. PART II. OTH 20a. ACCIDENT 20d. TIME OF Hotel injury occurs While AT North A 21. I attended the Doath spour state of the pour state of the state of	IMMEDIATE CAUSE A) If any. Fise (b). Fise (c). Fise (c)	INJURY (e. g., in or about home, tory, street, office bldg., etc.) The property of the proper	20f. CITY. TOWN. OR LOCAL 20f. CITY. TOWN. OR LOCAL 226. ADDRESS Windsor, Mi REMATORY 23d. Ceme tery. Le	In Part I or Part II of iter ATION COI and last saw him alive the best of my knowled a SSOUP! LOCATION (City, town. or co	III-24-57 ge. from the causes 22c. Date II-25 iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii

	I hereby certify tha	t the body whose nai	me is recorded on the	reverse side	of this certificate was ei
·	• •			•	
	by me, or by			Stu	dent Embalmer No
	•		•		• •
	working under my person	al supervision.	- •		

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING to comply with the above constitutes grounds for revocation of license). ... If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.